

DISTRICT 7

Mom and Pop Small Business Grant Program Miami-Dade County

APPLICATION (Please print or type)

I. Business Information

Owner(s) Name	Business Name (as it appears on License)	
	Business Address (as it appears on License)	
Owner's Home Address	City	Zip Code
District #/Commissioner (where business located)	Business Phone	
Type of Business You Operate	\$	Amount of funding requested

II. Program Usage

I would like to be considered for financial assistance to address the following need(s):
(Note – select a maximum of 3 areas only.)

<u>USAGE</u>	<u>DESCRIPTION</u>	<u>ESTIMATES</u>
<input type="checkbox"/> Inventory / Supplies		\$
<input type="checkbox"/> Business Equipment		\$
<input type="checkbox"/> Marketing / Advertising		\$
<input type="checkbox"/> Commercial Liability Insurance		\$
<input type="checkbox"/> Minor Interior/External Renovations		\$
<input type="checkbox"/> Security System		\$

Business owners are required to provide the following information:

1. How long have you been in business? Number of years _____ months _____
2. Have you received a Mom & Pop grant in the past? Yes _____ No _____
3. Have you ever applied for the Mom and Pop Grant before: Yes _____ No _____
4. If yes, how much funding did you receive? \$ _____
5. My Dade County Occupational License is attached to the application. Yes _____ No _____
6. My City Municipality License is attached to the application. Yes _____ No _____
7. Are you or any of the shareholders employed by Miami-Dade County? Yes _____ No _____
8. If yes, what department? _____
9. Have you ever applied for a loan? Yes _____ No _____
10. If yes, with whom? _____
11. Was the loan approved? Yes _____ No _____
12. Do you have a past due loan with the County or any County funded Department or agency? Yes _____ No _____
13. If yes, with whom? _____
14. Will you be contributing any funding to the project? Yes _____ No _____
15. If yes, how much? \$ _____
16. Do you own the building that you occupy? Yes _____ No _____
17. Are you willing to participate in Business Development workshops? Yes _____ No _____

[illegible]

The information submitted on this document is true to the best of my knowledge.

Date

COPY OF MIAMI DADE COUNTY OCCUPATIONAL LICENSE

MIAMI-DADE COUNTY
TAX COLLECTOR
140 W. FLAGLER ST.
14th FLOOR
MIAMI, FL 33130

2005 OCCUPATIONAL LICENSE TAX 2006
MIAMI-DADE COUNTY - STATE OF FLORIDA
EXPIRES SEPT. 30, 2006
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 8A - ART. 9 & 10

FIRST-CLASS
U.S. POSTAGE
PAID
MIAMI, FL
PERMIT NO. 231

469260-5

THIS IS NOT A BILL-DO NOT PAY RENEWAL

LICENSE NO.

490018-0

BUSINESS NAME / LOCATION

NEIGHBORS & NEIGHBORS ASSOCIATION

INC

180 NW 62 ST

33150 MIAMI

OWNER

NEIGHBORS & NEIGHBORS ASSOC. INC

Sec. Type of Business

215 INSTRUCTION/TRAINING/TUTOR

EMPLOYEES

THIS IS AN OCCUPATIONAL
TAX ONLY. IT DOES NOT
PERMIT THE LICENSEE TO
VIOLATE ANY EXISTING
REGULATORY OR ZONING
LAWS OF THE COUNTY OR
CITY. NOR DOES IT
EXEMPT THE LICENSEE
FROM ANY OTHER LICENSE
OR PERMIT REQUIRED BY
LAW. THIS IS NOT A
CERTIFICATION OF THE
LICENSEE'S QUALIFICA-
TION.

DO NOT FORWARD

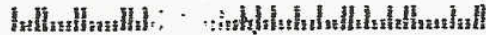
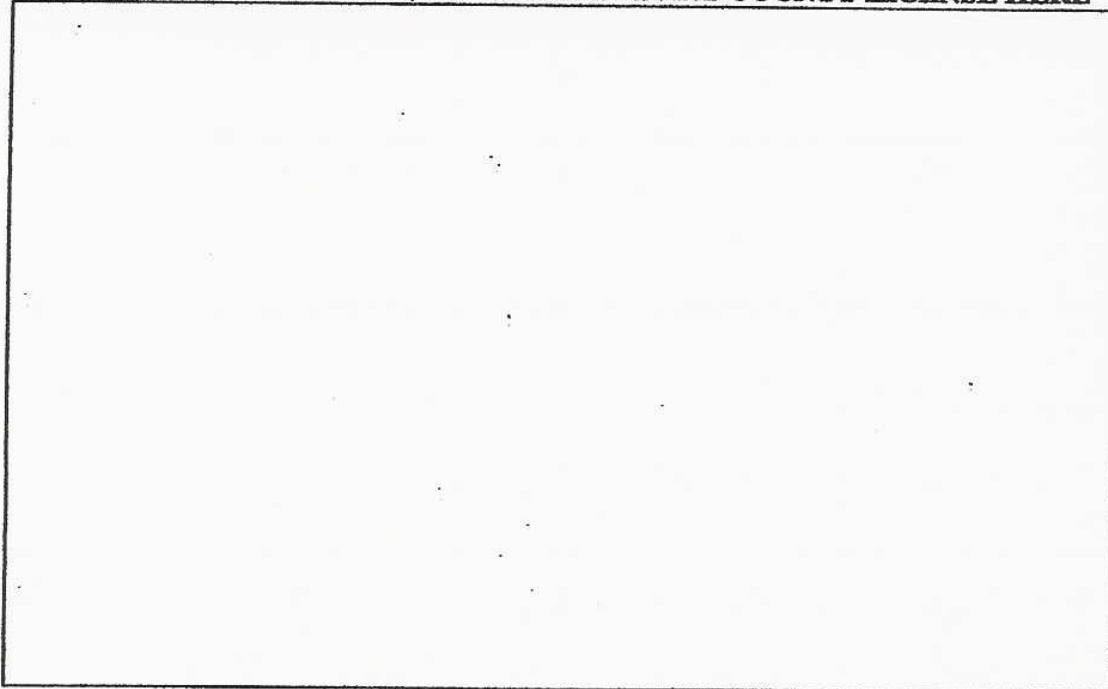
NEIGHBORS & NEIGHBORS ASSOCIATION
INC
VELIUS PRINCE PRES
180 NW 62 ST #3
MIAMI FL 33150

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR

08/24/2005

20100000281

3-000065-00243

**PLEASE ATTACH A COPY OF YOUR CURRENT COUNTY LICENSE HERE**

**ATTACH A COPY OF YOUR CURRENT MUNICIPALITY OCCUPATIONAL
LICENSE HERE**

